

*Consumer's
Right to Know
About Health Plans
in Rhode Island*

Consumer Disclosure

Safe and Healthy Lives in Safe and Healthy Communities

Consumer Disclosure

CONSUMER'S RIGHT TO KNOW ABOUT HEALTH PLANS

THE HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT

WHY ARE YOU GETTING THIS INFORMATION?

- Knowing how Health Plans work helps you to be a better consumer.
- Meets State Law requiring Health Plans to disclose information.
- Provides information about your specific Health Plan.
- Informs you that a comprehensive list of all participating providers is available to you on the Health Plan Web Site (Hard copies available on request.)

Another document, the *Consumer's Guide to Health Plans in Rhode Island*, gives general information about health plans, including standard definitions of common terms, and is available upon request from Health Plan representatives. This document can also be found on the RI Department of Health Web Site, www.healthri.org.

This Consumer Disclosure has been reviewed and approved by the Rhode Island Department of Health in accordance with R23-17.13 (Rules and Regulations for Certifying Health Plans). Requests for more information about Health Plan certification or consumer rights may be addressed to:

Rhode Island Department of Health, Division of Health Services Regulation, 3 Capitol Hill,
Providence, RI 02908-5097, Phone: 401 222-6015.

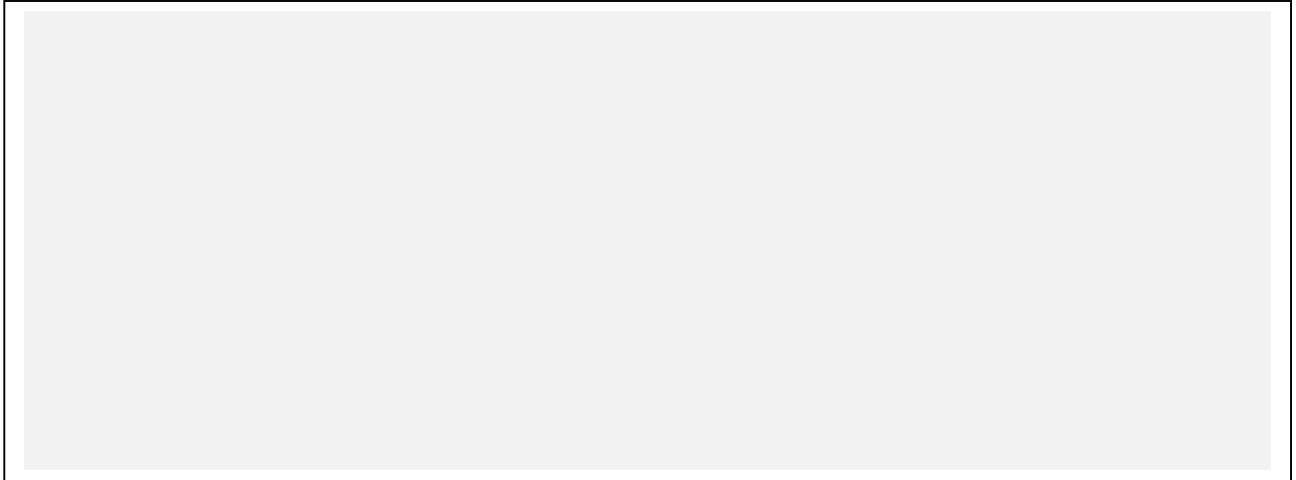
Q Who can I contact at the Health Plan for information? Representatives of this Health Plan are available to help you get the information you need. You can contact a Health Plan representative at:

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Q How does the Health Plan review and approve covered services? A Health Plan may review covered services that are recommended by providers to decide if the services are medically necessary. If the plan decides the service is not medically necessary, it will not pay. You and your provider can appeal the Health Plan's decision. For more information about appeals see the Consumer's Guide to Health Plans in Rhode Island.

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Q What if I have an emergency? An emergency is a problem that needs to be addressed by a provider "right-away" to prevent permanent damage or death. Here's what this Health Plan wants you to do when you have an emergency health care problem, at home or out of state.

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Q What if I refuse a referral to a participating provider? (a doctor, nurse, or other health professional in your Health Plan's network) (not applicable to single service Health Plans) When a specific covered service is recommended, Health Plans may send you to certain participating providers. If you refuse the referral and get the service from another provider, the Health Plan must tell you what effect it will have on payment.

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Q Does the Health Plan require that I get a second opinion for any services? What if I want a second opinion? In some cases the Health Plan may require a second opinion before it will pay for a covered service. Or you may just want a second opinion on a plan for diagnosis or treatment.

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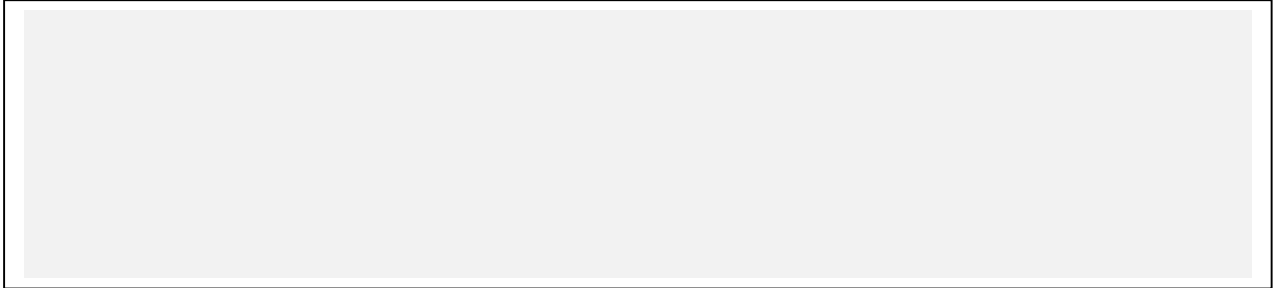
Q How does the Health Plan make sure that my personal health information is protected and kept confidential? In general, personal health information must be kept confidential (private) by a Health Plan, its employees and agencies it contracts with. Here's how the Health Plan makes sure that personal health information is protected.

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Q How am I protected from discrimination? You have the right to be treated fairly and equally. Health Plans may not discriminate against you due to age, sex, religion, race or ethnic origin, disability, occupational status or any other characteristics protected by law.

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Q If I refuse treatment, will it affect my future treatment? If you refuse to be treated for any condition, your Health Plan must tell you what effect your decision will have on future coverage.

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Q How does the health plan pay providers? Your Health Plan must tell you about the kinds of financial arrangements it has with providers.

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Q How is my health insurance coverage renewed or canceled?

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Q If I am covered by two or more Health Plans, what should I do? If you or a family member are covered by two or more Health Plans, you may have to give information on your coverage to each Health Plan. This helps the Health Plans to arrange payments between the plans when you or a family member receive a service. Here's what this plan will ask you to tell them.

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Health Benefits Required Under Rhode Island Law as of September 2000:

Health Maintenance Organizations (HMOs) and health insurers in Rhode Island are required by State law to provide enrollees with coverage for certain kinds of health care services. These laws do not apply to Medicare, Medicaid, ERISA self-funded plans or supplemental (e.g. Medigap) or single disease (e.g. Cancer coverage) health insurance policies (check with your workplace benefits administrator. These mandated benefits (see summary list in Consumer's Guide to Health Plans in RI) often apply only under certain circumstances, may be limited to participating providers, and are not always covered in full--other conditions and restrictions not mentioned here may apply. For more information about specific mandated benefits, contact your Health Plan representative or the Rhode Island Department of Business Regulation at 401 222-2223.

Covered Services at a Glance:

The information on the following pages shows you what services are covered under this Health Plan. This is only a summary. You may find complete information in the Official Plan Documents or contact the Health Plan Representative listed on the first page.

Single Service Health Plans (example: dental care, vision care) must provide you with standardized and easy-to-understand information about covered services -- including out-of-pocket costs, service limitations and other things you need to know. Single Service Health Plans can do this through general information materials or by using a special insert summary called "Covered Services at a Glance." For more complete information, read the Official Plan Documents or contact a Health Plan Representative. Using this information, you can compare:

- Health Plans
- Out-of-pocket costs
- Limits on services

Health Plan: _____

COVERED SERVICES AT-A-GLANCE

Annual Deductible: Indiv-\$.00/Family-\$.00	Max Lifetime Cap: Indiv.-\$; Family-\$
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Type of Service (Not All Services are Listed) Call plan or check Official Plan Documents for details	Is Prior Authorization Required (Yes/No)	What Out-of -Pocket Expenses Will I Have to Pay?	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Ambulance				
Chiropractic Treatment				
Dental Care				
Diagnostic X-rays, Imaging and Laboratory Tests				
Emergency Services				
Experimental Treatments				
Eye Care				
Foot Care				
Health Education & Wellness				

Summary for consumer information only. This is not a contract.

Health Plan: _____

COVERED SERVICES AT-A-GLANCE

Annual Deductible: Indiv-\$.00/Family-\$.00	Max Lifetime Cap: Indiv.-\$; Family-\$
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Type of Service (Not All Services Are Listed) Call plan or check Official Plan Documents for details	Is Prior Authorization Required (Yes/No)	What Out-of -Pocket Expenses Will I Have to Pay?s	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Home Health Care				
Hospice Care				
Hospitalization and Inpatient Services				
Maternity				
Medical Equipment and Supplies				
Mental Health, Inpatient				
Mental Health, Outpatient				
Nursing Home Care				

Health Plan: _____

COVERED SERVICES AT-A-GLANCE

Annual Deductible: Indiv-\$.00/Family-\$.00			Max Lifetime Cap: Indiv.-\$; Family-\$	
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Type of Service (Not All Services Are Listed) Call plan or check Official Plan Documents for details	Is Prior Authorization Required (Yes/No)	What Out-of -Pocket Expenses Will I Have to Pay?	What Other Limitations Apply?	If I Choose a Non-Participating Provider Will the Service be Covered?
Physician Office Visits				
Prescription Drugs/Devices				
Rehabilitation (PT/OT/Speech Therapy)				
Substance Abuse, Inpatient				
Substance Abuse, Outpatient				
Surgery, Outpatient				
Second Opinion				